

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC 16 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000081042

1. Entity Name

GRANTECH AVIATION, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1020 NW 62 STREET

3. Mailing Address  
1020 NW 62 STREET

Suite, Apt. #, etc.

HANGAR 9

Suite, Apt. #, etc.

HANGAR 9

City & State  
FT LAUDERDALE, FL

City & State  
FT LAUDERDALE, FL

4. FEI Number 65-1133443

Applied For

Not Applicable

Zip  
33309

Country  
US

Zip  
33309

Country  
US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name MICHAEL GRANT

Street Address (P.O. Box Number is Not Acceptable)

1020 NW 62 STREET, HANGAR 9

City FT LAUDERDALE

FL

Zip Code

33309

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

MICHAEL GRANT

12-03-03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
P	MICHAEL GRANT	1020 NW 62 STREET, HANGAR 9	FT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address within the state.

SIGNATURE:

MICHAEL GRANT

12-03-03

954-729-4503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/02)